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Sharon B. Leachman	(E-Filer's name)
/Sharon B. Leachman/	(signature)
October 9, 2008	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/679,765	10/06/2003	Cyrille Casset	8707-2168	5246

TITLE OF INVENTION: Discrimination Of Noxious And Non Noxious Ventricular Extrasystoles In An Active Implantable Medical Device Such As A Cardiac Pacemaker, Defibrillator, Cardiovertor And/Or Multisite Device

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DUE DATE
Nonprovisonal	NO	$1440	$300	$1740	12/19/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
GETZOW, SCOTT M	3762	607-009000

1. Change of Correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. **Use of Customer Number is required.**

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. _____
2. Orrick Herrington & Sutcliffe, LLP
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE: **ELA MEDICAL S.A.S.**

(B) ADDRESS: **98, rue Maurice-Arnoux, F-92120 Montrouge, FRANCE**

Please check the appropriate assignee category or categories (will no be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:
☒ Issue Fee
☒ Publication Fee
☐ Advance Order - # of Copies

4b. Payment of Fee(s)
☐ A check in the amount of the fee(s) is enclosed
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5. **Change of Entity Status** (from status indicated above)
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
b. ☐ Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /William B. Tabler, III/ Date October 9, 2008

Typed or Printed name William B. Tabler, III Registration No. 53,668

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